

PHYSICIANS IN NEED OF HEALING

BY Wanda Franz, Ph.D.

I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect. Similarly, I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and my art.
If I fulfill this oath and do not violate it, may it be granted to me to enjoy life and art, being honored with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot.

—excerpt from the Oath of Hippocrates, 5th Century B.C.

For the first time in our tradition there was a complete separation between killing and curing. Throughout the primitive world, the doctor and the sorcerer tended to be the same person. He with the power to kill had power to cure, including specially the undoing of his own killing activities. He who had the power to cure would necessarily also be able to kill. ... [With Hippocrates] the distinction was made clear. One profession, the followers of [Hippocrates], were to be dedicated completely to life under all circumstances, regardless of rank, age or intellect—the life of a slave, the life of the Emperor, the life of a foreign man, the life of a defective child

[T]his is a priceless possession which we cannot afford to tarnish, but society always is attempting to make the physician into a killer—to kill the defective child at birth, to leave the sleeping pills beside the bed of the cancer patient. ... [I]t is the duty of society to protect the physician from such requests.

—anthropologist Margaret Mead, quoted by Maurice Levine in *Psychiatry and Ethics*, pp. 324-325, 1972

If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

—excerpt from a modern substitute for the Oath of Hippocrates, the “Oath of Lasagna” (by Dr. Louis Lasagna, Academic Dean of the School of Medicine at Tufts University, 1964)

[Euthanasia] is not normal medical treatment. You are never used to it.

—response by Dr. Mensingh van Charente (Netherlands) to question no. 1351 by the British House of Lords Select Committee on Assisted Dying for the Terminally Ill Bill, 2005. (See K. R. Stevens below.)

[The GP] said, “The problem is that the patient is refusing euthanasia. ... In the past, all these kind of situations ... I solved by offering euthanasia. Now this patient does not want it, and I do not know what to do.” ...

Providing euthanasia as a solution to every problem in palliative care would completely change our knowledge and practice This is my biggest concern in providing euthanasia and setting a norm of euthanasia in medicine: that it will inhibit the development of our learning from patients, because we will solve everything with euthanasia.

—response by Dr. Zylicz (Netherlands) to question no.1535 (see reference above)

I know from physicians who are opposed to performing euthanasia that they are afraid of saying so when applying for jobs and trying to find a post as a physician.

—response by Prof. Jochemsen (Netherlands) to question no.1539 (see reference above)

Dr. Reagan described his troubled feelings in the reversal of his role as a healer, to his role in assisting Helen in her suicide. There is a sense of isolation. ... It was difficult for him to find others with whom to discuss his troubling experience. ...

[The] doctors describe very forceful patients who persevered in their request for assisted suicide, even when the doctors were unwilling to participate. ... [A] doctor said, “I learned very quickly that the patient’s agenda is to get the medication. When I tried to talk them out of it, or to really assess their motivations, then they perceived me as an obstructionist and became quite resentful.” ...

During the first four years of legalized [physician-assisted suicide] in Oregon the prescribing physician was present at the time the patient took the lethal medication for 52% of the assisted suicides. However during the 2004 year, the prescribing physician was present for only 16% of the patients. Why are the physicians withdrawing from being present at the time of assisted suicide?

—Kenneth R. Stevens, M.D., “Emotional and Psychological Effects of Physician-Assisted Suicide and Euthanasia on Participating Physicians,” *Issues in Law & Medicine*, vol. 21, no. 3, pp. 187-200, 2006

As Margaret Mead pointed out (see above), the Greek followers of Hippocrates broke with ancient customs and pledged themselves to be healers, not killers. Today, a physician is highly educated in the "art and science of medicine," doctoring being part of a sophisticated and powerful enterprise of "health delivery"—and 2½ thousand years after Hippocrates, physicians kill again, legally.

How modern medicine has declined may be seen in a current substitute for the Hippocratic Oath, the Oath of Lasagna (seriously called so). Now physicians are aware of the "power to take a life" and they will be "humble" about using it.

Is medicine better off for all its modern, post-Hippocratic ethics? The Hippocratic Oath says, "If I fulfill this oath and do not violate it, may it be granted to me to enjoy life ...; if I transgress it and swear falsely, may the opposite of all this be my lot." As the quotes above show, those engaged in euthanasia and physician-assisted suicide are not "enjoying life" and "the opposite is their lot."

In abortion, the number of practitioners is shrinking, replaced by an industry dedicated to kill the unborn. In euthanasia we are potentially heading the same way. With a tide of baby boomers heading towards old age and infirmity, there could well be "very forceful patients who persevere in their request for assisted suicide." Now it's legal in Oregon; where else tomorrow?

May God help us and the medical profession to stop this threat.